DEPARTMENT OF HEALTH AND HUN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT/IFICATION NUMBER:	A. BUILDING			COMPLETED .		-
445308			B. WING		01/19/2010			
NAME OF PROVIDER OR SUPPLIER GENERATIONS CENTER OF SPENCER				S	TREET ADDRESS, CITY, STATE, ZIP CODE 87 GENERATIONS DRIVE SPENCER, TN 38685			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG	FIX (EACH CORRECTIVE ACTION SI		OULD BE	COMPLETION DATE	_
K 048	There is a written patients and for the an emergency. This STANDARD Based on record redetermined, the factors are particularly to the factors and the factors are particularly to the factors	AFETY CODE STANDARD plan for the protection of all serie evacuation in the event of 19,7.1.1 is not met as evidenced by: seview after the survey, it was cility failed to provide a written	K	04	8	,,-	1	
W 050	emergency/disaste The findings include On 1/19/10 at 2:00 observation reveal of any disaster drill Protection Associa The deficiency was Director and verified during the exit inte	led: PM during record review, ed there was no documentation is performed. National Fire stion (NFPA) 101, 19.7.1.1. s noted by the Maintenance ed by the Facility Administrator rylew on 1/19/10.	K	กร	2			
K 052	A fire alarm system installed, tested, at with NFPA 70 Nati 72. The system hall and testing program	AFETY CODE STANDARD In required for life safely is and maintained in accordance onal Electrical Code and NFPA as an approved maintenance as complying with applicable FPA 70 and 72. 9.6.1.4	K	00				*
48.00aY091	V DIRECTOR'S OR PROVIN	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X0) DATE	

Any deficiency statement ending with an esterisk (*) denotes a deficiency which the inciliution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program perficipation.

FORM CMS-2567(02-99) Previous Versions Obsolete

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Facility ID: TN6801

If continuation sheet Page 1 of 3

DEPARTMENT OF HEALTH AND HU SERVICES
CENTERS FOR MEDICARE & MEDICALD SERVICES

FORM APPROVED, OMB NO. 0938-0391

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 01/19/2010 445308 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 07 GENERATIONS DRIVE **GENERATIONS CENTER OF SPENCER** SPENCER, TN 38505 (X6) COMPLETION PROVIDER'S PLAN OF CORRECTION . SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (XA) ID (EACH CORRECTIVE ACTION SHOULD BE LEACH DEFICIENCY MUST BE PRECEDED BY FULL DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 052 K 052 Continued From page 1 This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined, the facility failed to maintain the fire alarm system. The findings included: On 1/19/10 at 11:50 AM observation within the attic area above the 400 hall revealed the fire alarm panel was not provided with a latching device. At 1:52 PM during record review, observation revealed the fire alarm system was not inspected and serviced since September of 2008. National Fire Protection Association (NFPA) 72, 7-3.1 The deficiencies were noted by the Maintenance Director and verified by the Facility Administrator during the exit interview on 1/19/10. NFPA 101 LIFE SAFETY CODE STANDARD K 147 K 147 Electrical wiring and equipment is in accordance with NFPA 70. National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined, the facility failed to maintain the electrical system. The findings included: On 1/19/10 at 10:35 AM observation within resident room # 410 revealed the Ground Fault Circuit Interrupter (GFCI) was not working. National Fire Protectection Association (NFPA)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION Of a MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		:
445308			B. WING		01/19/2010		
	PROVIDER OR SUPPLIER ATIONS CENTER OF S	PENCER	07	EEY ADDRESS, CITY, STATE, ZIP CODE GENERATIONS DRIVE PENCER, TN 38505			
(X4) JD PREFIX YAQ	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(D PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X6) COMPLETION DATE	* .
K 147	70, 210-8(a)(7). At 11:45 AM observerae revealed the Good working. The deficiencies we	ration within the laundry room FCI unit next to the sink was re noted by the Maintenance I by the Facility Administrator	K 147				,
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